

FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2048

Registration District No. 121

Primary Registration District No. 5123

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Camden  
(b) City or town Decaturville Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ann Elizabeth Breedlove

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 73 years

William Breedlove

7. Birth date of deceased Nov 16 (Month) 1872 (Day) 1872 (Year)

8. AGE:

Years 68 Months 1 Days 16 If less than one day hr. min.

9. Birthplace

Camden Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation

housewife

11. Industry or business

MOTHER FATHER

12. Name

Joe Garrison

13. Birthplace

Camden Co Mo (City, town, or county) (State or foreign country)

14. Maiden name

Ridley Atkins

15. Birthplace

Middle Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant

Will Garrison

(b) Address

Pinn Creek, Mo

17. (a)

Burial

(b) Date thereof

Dec 28 1940 (Month) (Day) (Year)

(c) Place: burial or cremation

Union Cemetery

18. (a) Signature of funeral director

Barker - Woods

(b) Address

Camden - Mo

19. (a)

Jan 9 1941 (Date received local registrar)

(b)

Mrs. Wella Claiborn (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden  
(c) City or town Decaturville Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 170 (If rural, give location)  
(e) If foreign born, how long in U. S. A. 170 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1940 hour 11 minute 45P M.

21. I hereby certify that I attended the deceased from Dec. 20, 1939 1939, to Dec 26 1940, that I last saw him alive on Dec. 15 1940, and that death occurred on the date and hour stated above.

Immediate cause of death

Mitral insufficiency of heart Chronic Duration 1939

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations no operation

Of autopsy

no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Ann Elizabeth Breedlove Date signed Jan 31 1941

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 2-41-254

Date Filed 2-7-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Abbie Bankson Woolery*

Licensed Embalmer No. 2488

P. O. Address Camdenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.